

## EDITOR'S PAGE

# Diversity in *JACC*

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After what is often thought to be a long period of neglect, diversity has become a much sought after property in our world. Most people think of diversity in terms of people. It is well recognized that there is an advantage in having individuals of different backgrounds and social circumstances participate in any endeavor. However, in a larger sense diversity refers to a broad spectrum of ideas. The concept is that the greater the number of ideas (in the vernacular “takes”) on a given issue, the more likely it is that the approach to that issue will be appropriate and successful. And the wider the experiences of those involved, the greater the pool of ideas will be. Diversity inherently connotes inclusiveness, another characteristic accorded great importance in today’s society. So it is not surprising that aggressive steps to achieve diversity permeate virtually every aspect of life.

Diversity is often thought of as a distant cousin of political correctness (in the vernacular “PC”). I tend to think of political correctness as diversity run amok. On the one hand, diversity seeks a broad spectrum of ideas, whereas PC often mandates the inclusion of every idea, regardless of how well informed and usually in proportion to the number of those available to participate. Paradoxically, some ideas are arbitrarily deemed not PC and result in the exclusion of both the concept and the individual who advanced it. Obviously, the goal is to be as diverse as possible without sliding into PC. But I digress; the point of this essay is to discuss diversity.

We are not immune to considerations of diversity at the *Journal of the American College of Cardiology (JACC)*. Just like the rest of society, we strive to obtain the obvious benefits of diversity without having it become an end in itself. The desire or need for diversity could potentially play a role in many of our decisions, including the content of the *Journal*, authorship of invited articles, and membership of the editorial board.

As a general cardiology journal, we serve a diverse pool of authors and readers from every area of the specialty. Accordingly, in selecting a paper for the *Journal*, we must take into account the interest it holds to readers outside the immediate field. However, we also have a need to include material of interest to every individual subspecialty. In terms of the first goal, we clearly favor and give preference to manuscripts that will be of interest to as broad a range of readers as possible. However, in terms of the second goal, if we are to be read regularly by highly focused subspecialists

(such as electrophysiologists), we must publish articles that are of importance to them, even if only to them. Thus, we do publish papers of interest mainly to one segment of cardiology if we are convinced that the paper is of very high quality and is of great importance to that segment. Therefore, we anticipate that some of the papers we publish may not be widely read by the general audience.

I am often asked if we select manuscripts for the *Journal* in order to maintain a balance of subject matter. Do we strive to insure diversity of topics? The answer is almost never. Our policy is to select the highest-quality papers based on our usual criteria of novelty, accuracy, relevance, and so on, regardless of subject. Thus far, we have been extremely fortunate and pleased to have a broad spectrum of papers fulfill these criteria. We have never accepted a lesser-quality manuscript for publication over a higher one to achieve diversity of content. However, on rare occasions we will take subject matter into account when choosing between two papers of equal quality. Similarly, the origin of the authors has not played a role in our decisions. We have never made an effort to diversify the authorship of articles from the U.S. or other parts of the world.

Another issue that arises in regard to diversity relates to the selection of authors for invited articles. We do try to use as many different individuals as possible. However, we do not try to balance the country from which they come or the nature of their institution. In general, authors are solicited based on expertise and/or the critique of a submission that they have provided. So, if our reviews and editorials appear to be concentrated among several groups, it is because they are publishing most widely or reviewing papers most effectively.

Another issue about which I am occasionally asked relates to membership on the editorial board of *JACC*. Many wonder how editorial board members are selected and whether diversity is a factor in selection. Appointment to the editorial board is based on a meritocracy. Once a year we probe the database of our online manuscript submission and review system to rank that year’s reviewers according to the number, promptness, and quality (grade assigned by associate editors) of their manuscript evaluations. We then go down the list until all the vacancies are filled. Diversity plays virtually no role in selection. The only other factor taken into consideration is the area of expertise. We try to replace members who are rotating off with those in the same field, such as interventional cardiology. So when individuals ask

me how they can be appointed to the *JACC* editorial board, I tell them to review lots of manuscripts, quickly and carefully.

A number of individuals have told me that a bias exists in our selection system; you can only review those manuscripts for which you are solicited. Therefore, even the most motivated individuals may have difficulty reaching the highest echelon of reviewers. It is not surprising that the editors are most likely to turn first to those they know for an opinion. However, the editors are keenly aware of those critiques that are of great value, and they use those referees as much as possible. The system is not perfect, but it seems superior to any of the other alternatives.

I started this Editor's Page by acknowledging the desirability of diversity in general, and to *JACC* in particular. Diversity could apply to a number of variables, including subject matter, nationality, nature of practice, gender, and so on. All things being equal, the desire for heterogeneity could certainly provide an edge toward making one decision rather than another. In fact, it has been suggested that diversity itself should be sufficiently important to warrant

certain actions. Such decisions might include accepting a paper in one field of cardiology rather than another, inviting an editorial from an individual from one country rather than another, or appointing someone of a certain gender to the editorial board. However, thus far the editors have resisted such temptations. We have been firm in our belief that quality, expertise, and performance should be the primary criteria for our decisions. Only when these criteria are fully met do we feel that we have the luxury of taking an action to achieve diversity. We have been fortunate so far that we have been able to maintain a fair, if imperfect, heterogeneity by virtue of the submissions and contributions to the *Journal*. We will continue to vigorously seek variety whenever conditions allow. We hope that such a philosophy enables us to achieve maximum diversity without slipping toward political correctness.

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